

THE PSYCHIATRICAL ASPECTS OF A STERILIZATION LAW *

C. W. MACK, M.D.

Assistant Physician, Pontiac State Hospital
PONTIAC, MICH.

The question of the sterilization of the so-called unfit has been coming into prominence for a number of years, gradually gaining attention until this spring when it took concrete form in a bill passed by our state legislature. Like all innovations, this movement has its ardent supporters who expect the correction of many evils opposed by those who are more conservative and wish to wait for further investigation. Fortunate is the person who can approach these subjects with an inquiring mind free from prejudice and open to conviction. This symposium is an indication, I take it, that this society wishes to view the question from all sides and if possible determine its true position among the many reforms advocated to-day.

STERILIZATION LAWS

A sterilization law was passed in Indiana in 1907, the first state to secure the adoption of such a measure. Washington, California and Connecticut followed in 1909, Nevada, Iowa and New Jersey in 1911, and New York in 1912. In general the purpose of the laws in these states is the prevention of procreation by inmates of public institutions for criminals, rapists, drunkards and drug habitues, insane, feeble-minded, imbeciles and epileptics. The advocates of such laws consider individuals belonging to these classes unfit for parentage, because of the possibility of the antisocial traits being transmitted to their offspring.

This paper will deal more especially with the insane. There is much dispute whether criminality, drug addiction, etc., are evidences of mental diseases, setting aside the question of heredity.

* Read before the Saginaw County Medical Society, May 27, 1913.

It is a large subject, in itself, in regard to which criminologists are not yet agreed. Let us then consider the bearing such a law will have on the individual and society as it pertains to recognized mental diseases.

EFFECT ON THE INSANE

The effect of such an operation—and by this is meant vasectomy, and salpingectomy—on the individual's mental and physical makeup, can be dismissed by a few words of discussion. Authorities claim, and it seems reasonable, that the internal secretions of the testes and ovaries are preserved so there would be none of the deleterious effects which might follow castration. Medical men are agreed, I think, that mental and nervous diseases are not caused reflexly by disturbances of the reproductive organs, so the procedure would have no indirect effect, at least none with which we are acquainted, at the present time. Dr. Sharp, superintendent of the Indiana Reformatory, reports 500 cases of vasectomy and from his observations there are no harmful effects, but on the contrary he believes there is a lessening of fatigue and an increase of muscular energy. At this point it may be said that Dr. Sharp does not record any recoveries due to the operation, bearing in mind that his work was among the inmates of a reformatory.

There is a possibility of an effect on the subject's mind, a psychical phenomenon, not due to a lack of internal secretion or reflexly, but a result of the knowledge that they have been asexualized. This, in the opinion of the writer, would be a very important matter in some forms of insanity, and looking at the question from the standpoint of the patient's welfare, serious consideration would be required before advising the operation. This is especially true in women who have the maternal instinct strongly developed, as it would add another disturbing influence to a mind already upset by some sexual complex. The insane, in many cases, have the same hopes and fears and powers of reasoning as the sane, and they are not to be deceived in a matter of this kind. Such things soon become a topic of conversation among them, making greater the already difficult task of securing their cooperation in surgical procedures of unquestioned value. This objection could be cast aside if sterilization will prevent insanity and result in the betterment of the race.

EFFECT ON THE PUBLIC

Another phase of the problem is the effect it will have on the general public and the friends of the patients. In what way will the attitude

of the general public toward the present methods of treating the insane be changed when it becomes known that sterilization is frequently resorted to in hospitals for their care? There is a possibility that it will create a fear of such institutions in the minds of prospective patients and their friends. Patients with mental afflictions need to receive medical care early in the course of the disease in order to bring them under the influence of treatment before the condition has become firmly established. The superintendents of the hospitals in the state are constantly striving for this very thing and have tried to get legislation to make easier the commitment of voluntary patients. If the afflicted are confronted with the possibility of sterilization, the patient and friends are likely to delay seeking medical advice as long as possible. This may seem like an insignificant point; but if early commitments are desirable it may prove to be a serious matter in practice.

The legislation for a sterilization law as applied to psychiatry derives its force from the desire to diminish insanity by preventing procreation by individuals of unsound mind. This is inspired, not only by the desire to prevent insanity, but by the belief that insanity is increasing. The advocacy of such a means can only be based on the idea that it is an hereditary disease.

In regard to the first proposition it must be granted that methods to prevent are more efficacious than methods of cure. As with all other diseases it is best combated by ascertaining the cause and taking steps for its removal. If we have in sterilization such a prophylactic measure, everyone would welcome it. But why all this alarm about insanity? Is the increase so rapid that we must adopt any measure, if it holds out any hope whatever of success? Many authorities will state that there is such an increase, but have they offered conclusive proof? Statistics are derived largely from the hospitals for the insane. The population of these institutions may grow faster than the general population, but this does not of necessity mean more insanity. It may indicate that the state is taking better care of this unfortunate class in providing for them, and that the general public is more alive to the needs of institutional care. Tanzi compares the ratio of the insane in the hospitals to the population in Italy, with Germany, Belgium, Switzerland and England. In Italy the ratio is not more than 2 per 1,000, while in the other countries it is 3 per 1,000—quoting his words, "Must we conclude from this that the most cultured nations of Europe are thrice more exposed to the

scourge of insanity than Italy? Certainly not. In the first place, a greater number of asylum inmates does not mean a greater number of lunatics; to a certain extent at least it is only the result of a more highly advanced hospitalization of asylums—that is to say a rational consequence of a high degree of civilization." Dr. Christian has shown that there has been no great increase in the eastern district of Michigan since 1893. The number of new cases admitted to the Pontiac State Hospital in proportion to the population of the district was computed, showing a slight increase in some years; but, whereas in 1893 it was 3.2 in every 10,000 of population, in 1912 it was 3.1.

THE IMPORTANCE OF HEREDITY

The real problem is to determine the importance of heredity as a factor in the production of mental diseases. With all due respect to the investigators, who believe it an established fact, it is permissible to ask if there is conclusive proof that it is the all important factor. The thorough investigation and proper recording of family histories is just beginning to receive attention. There are so many lines of heredity that it takes careful search to uncover them. Hospitals for the insane are endeavoring to compile authentic records of each case; but it is a study of generations, and this of course requires years of work.

When man is studied biologically it can be said that his development and life are dependent on certain things inherent in the germ plasma and influences operating after the union of the sexual elements. Physical man develops along certain uniform lines, such things as familial and racial characteristics being, of course, hereditary. The germ cells unite and divide and become grouped so as to form the various structural divisions of the body, because of certain tendencies peculiar to the germ plasma of the species. It has been proven that certain physical markings are transmitted according to well-defined laws. Dr. Davenport, in his book on "Heredity in Relation to Eugenics," states that "it has been established that eye color, skin color, hair color, hemophilia, Huntington's Chorea, insanity, feeble-mindedness, and epilepsy are transmissible; but other characteristics are not so clearly so, as stature, body weight, musical ability, temperament and handwriting." During the development of the embryo certain intra-uterine influences may interfere to bring about a departure from the normal course of events. These would not be ascribed to heredity. Many imbeciles and idiots are the result of these intra-uterine con-

ditions. Referring to Dr. Davenport again, it is found that 30 per cent. of them "belonging to the mongolian type are caused in this way and in whose family no evidence of mental defect can be traced."

When the mental part of man is considered it must be granted that other laws are operative than those of embryology. The eye color, shape of the head, color of the hair, form of the nose, etc., are tangible things, while the mental qualities, as temperament, conscience, memory, judgment, and the other specialized functions of the mind are more elusive to the investigator. They are not present at birth, but are a product of growth, modified by influence in the environment, capable of change by individual effort, and can be spoken of as acquired qualities. The child during the period of development, to finally measure up to the social standard, must acquire all the attributes which civilization has taken centuries to produce. Is it any wonder that sometimes one in a few hundred fail? During the formative period the mind is subjected to many influences. Two individuals living the same kind of a life are not going to have identical experiences, or the same reactions to experiences in common. Each event then makes the one person just that much different than the other, determining individuality. The mind is constantly receiving impressions which combine with previous ones, making associations linked with those already formed. Is it not reasonable to suppose that a peculiar combination of them, depending on individual variations, may result in a dwarfing of some trait or the accentuation of another, so that in after years the individual under some stress of circumstances manifests symptoms which we call insanity?

Let us consider for a moment one of the mental attributes—conscience, the ability to distinguish between right and wrong. It is a state of mind, a feeling accompanying every thought and action, which is uncomfortable or not as conscience dictates. How does such a mechanism develop, and how is it modified? One member of a family has a very sensitive conscience, while the others less, even though their social status be the same. The experiences of the one have produced different effects, depending on individual variation. Conscience is a developmental phenomenon. The same may be said of the other mental faculties. Habits of thought, which increase or diminish the powers of concentration and reasoning, are more or less under the control of the will and are matters of training. In the present state of abnormal psychology it is difficult to say what influence such habits of

thought have on the production of mental disturbances, but it is reasonable to suppose that they may be an important factor. Granting then the difference between physical and mental traits and the complicated mechanism of mental development, it seems that the cause of insanity is to be sought in some thing besides ancestral defects. The presence of these defects in a percentage of cases does not rule out the other influences mentioned, and hence it is not certain that the elimination of these strains will prevent insanity.

INSANITY FROM OTHER PHYSICAL AGENTS

Some forms of insanity are caused by physical agents. Alcoholic insanity, mental conditions due to toxic states, and the diseases caused by acquired syphilis fall into this class, and probably would not be influenced by a sterilization law. There are other forms for which a cause has not been determined, and it is in regard to these that the question of heredity enters. True it is that a search often reveals psychopathic conditions in the direct or collateral ancestry of many patients more prevalent in some forms of insanity than in others.

WHAT THE STERILIZATION LAW WILL ACCOMPLISH

It can be conceded for the sake of argument that mental diseases are caused by defective strains in the ancestry, in order to see what could be accomplished by a sterilization law as it would work out in practice. The laws as adopted by the different states thus far contemplate the prevention of procreation by subjects who are confined in charitable institutions. The authority is not given to go out and sterilize the parents who are producing these so-called defectives. Even if such a radical step could be taken, it might not accomplish much, as the parents are already past the child-bearing period when one of the offspring reaches an institution. They may have healthy children, and if the hereditary taint is carried to the next generation, sterilization would have to be carried out very extensively to be effective. If the defective strain is carried in the germ plasma it is not going to be eliminated by sterilizing the individual in whom it sometimes crops out.

What can be done for the prevention of insanity by the sterilization of the patient in the institution? It would not be necessary, except in cases about to be discharged. The law, as drafted in Indiana, puts the responsibility on a committee of experts whose duty it shall be to determine whether or not procreation is advisable; "but the operation shall not be performed

except in cases that have been pronounced unimprovable." In New Jersey the commission must decide "that procreation is inadvisable, and that there is no probability of such improvement as to render procreation by such individuals advisable." The improvable clause eliminates a large number of the discharged patients, as many of them have recovered, and in New Jersey and Michigan, where the matter of the advisability of procreation is left to the discretion of experts, their findings are subject to a review by a court of justice. The selected cases must be capable of proof that procreation is inadvisable.

Many patients already have children in good health, so sterilizing the patient will not blot out these strains. Another large class of the discharged patients can be ruled out, of those who would be suitable for sterilization, because they are already past the child-bearing period. From this discussion it can be seen that the field for sterilization in hospitals for the insane is very limited, and there is much doubt in the writer's mind for the necessity for such a measure.

The experience of other states does not help much. An analysis of sterilization laws by Dr. Hatch, in the Report of the Lunacy Commission of California, shows that the object of the law, in those states which have adopted it, is for eugenic purposes only, except California. This state makes use of it for the "physical, mental or moral benefit of the subject." The report further says that in California, where 268 patients have been operated on, that "it does many patients much good, while in others there has been little effect on the mental condition, but generally some improvement in the general health." In those states where it is adopted for eugenic purposes not many statistics are as yet available. In fact, Dr. Hart, Director of the Department of Child-Helping of the Russell Sage Foundation, records in a recent article, that in Indiana in 1907-08, 119 operations were performed; 39 in 1908-09, while during the last two years there were none. It was not made use of in Connecticut and Washington, although in force three years; nor in New Jersey and Iowa, where it has been in force two years. New York has had the law only one year, and there is no report from Nevada. All of which indicates that there is not much enthusiasm where authority has been granted to carry on sterilization.

The feeble-minded, imbeciles and epileptic present rather a different phase of the subject, and more positive statements are made in regard to it. As stated above, about 30 per cent. of the imbeciles are the results of intra-uterine conditions, not determined by heredity. There are

others which can be ascribed to inherited defects. As shown by Dr. Davenport, when both parents are feeble-minded or epileptic, all their offspring are so likewise; but the same authority also states that with proper mating the defective taint can be neutralized and eventually lost. To reach and prevent this condition it would be necessary to sterilize individuals early in their reproductive period, and not limit the legislation to inmates of institutions. The general public would not tolerate such a comprehensive measure. Segregation of this class is being advocated by many reformers, as it answers the purpose of preventing procreation, and separates the defectives from society, in which they are always a disturbing element.

CONCLUSIONS

An attempt has been made to discuss the need for a sterilization law, and its application to the insane in public institutions. It is believed that the following conclusions are warranted:

1. Sterilization is not a therapeutic measure of proven value.
2. The extensive use of the law in institutions would prevent early commitments.
3. The question of heredity in mental diseases has not been settled, so the law is premature.
4. The law would not reach the great source of the insane if heredity is the great factor, and would only apply to a few cases in the hospitals, who may have children after their discharge.

Finally, what is needed is an investigation of the causes of insanity, and further study of family histories recording the healthy as well as the diseased offspring. A study of the early life of individuals becoming insane to find conditions having a bearing on the production of the mental disturbance. To do this, insanity must be looked on as a pathological alteration of one of the functions of the brain, and not a stigma of degeneracy, and studied the same as a disease of any organ of the body. These things require state aid, time for thoroughness and an earnest effort on the part of the medical profession.